

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JES		
O.I.P.E. CLASSIFIER	J	71531	10-18-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	7PL	1030	11-14-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	10/13/01
2	✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓
4	X
5	✓ ✓ ✓ ✓
6	✓ ✓ ✓ ✓
7	✓ ✓ ✓ ✓
8	✓ ✓ ✓ ✓
9	✓ ✓ ✓ ✓
10	✓ ✓ ✓ ✓
11	✓ ✓ ✓ ✓
12	✓ ✓ ✓ ✓
13	✓ ✓ ✓ ✓
14	X
15	X
16	X
17	X
18	X
19	X
20	X
21	X
22	✓ ✓ ✓ ✓
23	X
24	X
25	X
26	✓ ✓ ✓ ✓
27	✓ ✓ ✓ ✓
28	✓ ✓ ✓ ✓
29	✓ ✓ ✓ ✓
30	✓ ✓ ✓ ✓
31	✓ ✓ ✓ ✓
32	✓ ✓ ✓ ✓
33	✓ ✓ ✓ ✓
34	X
35	✓ ✓ ✓ ✓
36	✓ ✓ ✓ ✓
37	✓ ✓ ✓ ✓
38	X
39	X
40	X
41	X
42	X
43	X
44	X
45	X
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
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Best Available Copy